

Region 3 Healthcare Coalition Alliance

Three coalitions working together to increase healthcare resiliency in North Florida
CHAMP ♦ North Central Florida ♦ Northeast Florida
Healthcare Coalitions



Project Funding Checklist FY 2023-24

Note: This checklist is intended to assist the recipient with tracking all documentation requirements for the Coalition Project Funding process. There is no requirement to use this checklist and it is not part of the required documentation for reimbursement.

Please send all questions and comments concerning the project award funding and reimbursement process to Annie Sieger asieger@NEFRC.org or Leigh Wilsey, lwilsey@NEFRC.org

2023-24 Project Funding Timeline

- 5/31/2023 Application **must** be submitted using survey link [Alliance Project Application](#)
- 6/30/2023 Anticipated date for award notifications from the Alliance
- 10/1/2023 MOAs **must** be signed and fully executed or funding may be reallocated
- 1/31/2024 Reimbursement **must** be requested no later than January 31
- 3/1/2024 Reimbursement check **must** be deposited by March 1

<u>Task</u>	<u>Date Completed/Notes</u>
Submitted application via survey link	
Received award notification email	
Received MOA from the NEFRC	
Returned Signed MOA to the NEFRC	
Begin purchasing process	
Submit documentation to NEFRC	
Receive reimbursement	
Deposit reimbursement check	

Required Documentation to Submit for Reimbursement*

<u>Item</u>	<u>Date Completed/Notes</u>
Signed and Fully Executed MOA	
Purchase Order and Vendor invoice for purchases	
Proof of Payment for purchases	
Reimbursement request letter Sample below	

Reimbursement Request should be submitted to the NEFRC by January 31, 2024

*All documentation should be emailed to asieger@NEFRC.org

Reimbursement Letter Sample

Company Letterhead

Date

To: Leigh Wilsey
Manager, Region 3 Healthcare Coalition Alliance

From: Name
Facility Name

RE: Coalition Project Funding Reimbursement for Name

Per the terms of the executed Memorandum of Agreement, please reimburse Facility Name
\$Amount for the purchase of project name.

The following documentation has been included for your review:

- 1) Purchase Order
- 2) Vendor Invoice
- 3) Proof of Payment for materials

Please remit the reimbursement to:

Provide all payment information: Name, Address, ATTN